



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

**Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006**

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|---|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 7hb | Length of Route (miles per day) 4.6 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBAAP8XH240570 | License # 1850 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0583 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|---|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

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All Routes

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October 1

To OPI
October 15

Rate Per Mile
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|--|---|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 13HD | Length of Route (miles per day) 6 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBNEP1LH275141 | License # 1817 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

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| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
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|--|---|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 14HD | Length of Route (miles per day) 8.2 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBAAP62H542187 | License # 5187 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

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| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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|--|---|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 5hb | Length of Route (miles per day) 9.4 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBAAP4WH612954 | License # 1844 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

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| Legal Entity 0583 | Legal Entity | Legal Entity | Legal Entity |
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| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
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October 15

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| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 10HD | Length of Route (miles per day) 10 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBAAPW1H413946 | License # 9656 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
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| Legal Entity 0583 | Legal Entity | Legal Entity | Legal Entity |
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| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
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| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
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| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 10HB | Length of Route (miles per day) 11 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBAAPW1H413946 | License # 9656 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| | | Contractor Owned Beach Transportation | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

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| Legal Entity 0583 | Legal Entity | Legal Entity | Legal Entity |
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| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
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|--|--|--|--|---|
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| Route # 17BD | Length of Route (miles per day) 11 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBNEPXLH275140 | License # 1816 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 2HD | Length of Route (miles per day) 11.9 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # XORBRAAP14B961454 | License # H166 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0583 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

**Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006**

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 1hd | Length of Route (miles per day) 12 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # XORBUAAP75B975987 | License # 4171 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0583 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|----------------------------|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 12s | Length of Route (miles per day) 13 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVLPCFM7JH583247 | | License # 1808 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0583 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Date

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Date



Office of Public Instruction
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Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 2SA | Length of Route (miles per day) 16.3 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBPEP3PH511435 | License # 1836 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0584 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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School Year 2005 - 2006

1 copy State Supt.
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To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 10bb | Length of Route (miles per day) 16.8 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBAAPX2H542189 | License # 5189 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0583 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
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School Year 2005 - 2006

1 copy State Supt.
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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 11HB | Length of Route (miles per day) 16.8 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVLPHYM8HHA10798 | License # C892 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0583 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
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| Non-WC IEP Lists Trans as Related Service | | | |
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Due Dates:
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To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 10BA | Length of Route (miles per day) 16.9 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBAAPX2H542189 | License # 5189 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0584 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
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for Registration of School Bus &
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October 1

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October 15

Rate Per Mile
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| | | | | |
|--|--|----------------------------|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 1sb | Length of Route (miles per day) 16.7 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBAAP6WH612955 | License # 1845 | | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0583 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 11HD | Length of Route (miles per day) 17 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVLPHYM8HHA10798 | License # C892 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0583 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Signature - Chair, Board of Trustees

Date

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Date



Office of Public Instruction
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PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 19HBD | Length of Route (miles per day) 18 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBNMP8MH392508 | License # 1827 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0583 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|---|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 3SA | Length of Route (miles per day) 18 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBAAPXXH240571 | License # 1851 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0584 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
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PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 6HBD | Length of Route (miles per day) 18.3 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVLPHYM7HHA10808 | License # C890 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0583 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|----------------------------|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 10SD | Length of Route (miles per day) 19.4 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # XORBRAAPX4B961453 | | License # H165 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0583 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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for Registration of School Bus &
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 4sb | Length of Route (miles per day) 19.6 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBAAPW1H413946 | License # 9656 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0583 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
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for Registration of School Bus &
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 5HA | Length of Route (miles per day) 19.6 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBAAP4WH612954 | License # 1844 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0584 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 6SBD | Length of Route (miles per day) 20 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBNEP6MH332984 | License # 1820 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0583 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Date

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Date



Office of Public Instruction
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PO Box 202501
Helena, MT 59620-2501

**Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006**

1 copy State Supt.
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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # K1 | Length of Route (miles per day) 19.1 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 18 |
| Vehicle I.D. # XFDJE37F3THA18110 | License # 1930 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0583 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Signature - Chair, Board of Trustees

Date

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Date



Office of Public Instruction
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Helena, MT 59620-2501

**Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006**

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 3hb | Length of Route (miles per day) 21.4 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBAAP22H542185 | License # 5185 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0583 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 7bb | Length of Route (miles per day) 24.3 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # XXVLPHYM7HH485114 | License # C897 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0583 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 7HA | Length of Route (miles per day) 25.6 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBAAP8XH240570 | License # 1850 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0584 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
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Combined School District Application
for Registration of School Bus &
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # K7 | Length of Route (miles per day) 25.7 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 18 |
| Vehicle I.D. # XFDJE37F7THA18112 | License # 1931 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0583 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 9HA | Length of Route (miles per day) 26.9 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBAAP41H413945 | License # 9655 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0584 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # K5 | Length of Route (miles per day) 27 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 15 |
| Vehicle I.D. # XXDSE37F7XHB58588 | License # 1339 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0583 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Date

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Date



Office of Public Instruction
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PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 6HA | Length of Route (miles per day) 29.7 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBAAP62H542187 | License # 5187 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0584 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Date

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Date



Office of Public Instruction
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PO Box 202501
Helena, MT 59620-2501

**Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006**

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 16HBCD | Length of Route (miles per day) 27.9 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # XHVLPHYM9HH485115 | License # C898 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0583 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 11sb | Length of Route (miles per day) 33.5 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVLPCFM4KH678477 | License # 1814 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0583 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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| TOTAL RIDERS | | | |

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Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 11BA | Length of Route (miles per day) 36.4 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBAAP8WH612956 | License # 1846 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0584 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 4BA | Length of Route (miles per day) 37.7 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBNMPXNH418849 | License # 1830 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0584 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
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| 2nd Wheelchair (WC) | | | |
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|----------------------------|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # K3 | Length of Route (miles per day) 38.4 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 15 |
| Vehicle I.D. # XFDSE35P74AB10483 | | License # 4049 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0583 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 12BA | Length of Route (miles per day) 40 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBAAP42H542186 | License # 5186 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0584 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Date

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Date



Office of Public Instruction
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PO Box 202501
Helena, MT 59620-2501

**Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006**

1 copy State Supt.
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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|----------------------------|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 13bb | Length of Route (miles per day) 41.3 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBNEP8MH332985 | License # 1821 | | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0583 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Date

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Date



Office of Public Instruction
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Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 1BA | Length of Route (miles per day) 43 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # X0RBUAAP55B975986 | License # 4170 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0584 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|----------------------------|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 3SP | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 13 |
| Vehicle I.D. # XFDJE37M4RHA62057 | | License # 1928 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0584 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 18sp | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 14 |
| Vehicle I.D. # XXDWE35F01HB16548 | License # 9543 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0583 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
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for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006**

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All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # SE53 | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 14 |
| Vehicle I.D. # XXDWE35F01HB16548 | License # 9543 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0583 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|---|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
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All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 12sp | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 15 |
| Vehicle I.D. # XFDSE37F9XAB39010 | License # 1337 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0583 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|----------------------------|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 13sp | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 15 |
| Vehicle I.D. # XXDSE37F0XHB39011 | License # 1338 | | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0583 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 14sp | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 15 |
| Vehicle I.D. # XXDSE37F7XHB58588 | License # 1339 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0583 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 19sp | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 15 |
| Vehicle I.D. # XXDSE35P34HB10478 | License # 4044 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0583 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

**Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006**

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 20sp | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 15 |
| Vehicle I.D. # XFDSE35P54HB10479 | License # 4045 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0583 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 21sp | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 15 |
| Vehicle I.D. # XXDSE35P14HB10480 | License # 4046 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0583 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Signature - Chair, Board of Trustees

Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 22sp | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 15 |
| Vehicle I.D. # XFDSE35P34HB10481 | License # 4047 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0583 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Signature - Chair, Board of Trustees

Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
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Combined School District Application
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1 copy State Supt.
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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 23sp | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 15 |
| Vehicle I.D. # XFDSE35P54HB10482 | License # 4048 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0583 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # SE54 | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 15 |
| Vehicle I.D. # XXDSE35P14HB10480 | License # 4046 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0583 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # SE55 | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 15 |
| Vehicle I.D. # XFDSE35P34HB10481 | License # 4047 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0583 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

**Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006**

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 24SP | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 15 |
| Vehicle I.D. # XFDSE35P74AB10483 | License # 4049 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0584 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|----------------------------|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 28SP | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 16 |
| Vehicle I.D. # 1HVBBAAM8WH558712 | License # 1843 | | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0583 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 10sp | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 17 |
| Vehicle I.D. # XXDSE37F9WHA32411 | License # 1935 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0583 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Signature - Chair, Board of Trustees

Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 11sp | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 17 |
| Vehicle I.D. # XXXDSE37F0WA32412 | License # 1336 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0583 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|---|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 5sp | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 18 |
| Vehicle I.D. # XFDJE37F3THA18110 | License # 1930 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0583 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 6sp | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 18 |
| Vehicle I.D. # XFDJE37F7THA18112 | License # 1931 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0583 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 7sp | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 18 |
| Vehicle I.D. # XFDJE37F5VHA81969 | License # 1932 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0583 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 8sp | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 18 |
| Vehicle I.D. # XFCJE37F1VHA81970 | License # 1933 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0583 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 9sp | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 18 |
| Vehicle I.D. # XFDJE37F3VHA81971 | License # 1934 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0583 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # SE50 | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 18 |
| Vehicle I.D. # XFDJE37F5VHA81969 | License # 1932 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0583 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|----------------------------|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # SE51 | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 18 |
| Vehicle I.D. # XFDJE37F3VHA81971 | License # 1934 | | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0583 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 4SP | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 18 |
| Vehicle I.D. # XFDJE37F5THA18108 | License # 1929 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0584 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|----------------------------|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 25SP | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 19 |
| Vehicle I.D. # 1HVBBNMM5MH392505 | | License # 1824 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0584 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|----------------------------|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 26SP | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 19 |
| Vehicle I.D. # 1HVBBP3M1PH473533 | | License # 1832 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0584 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 15sp | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 20 |
| Vehicle I.D. # XXDSE35F21HB65748 | License # 9140 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0583 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

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We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 17sp | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 20 |
| Vehicle I.D. # XXDWE35F81HB10979 | License # 9542 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0583 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # SE52 | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 20 |
| Vehicle I.D. # XXDSE35F21HB65748 | License # 9140 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0583 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 16SP | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 20 |
| Vehicle I.D. # XFDSE35F41HB65749 | License # 9141 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0584 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 1SP | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 20 |
| Vehicle I.D. # XFDJE37M7RHA35919 | License # 1923 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0584 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 2SP | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 27 |
| Vehicle I.D. # XFDJE37MZRHA62056 | License # 1927 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0584 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 29SP | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 48 |
| Vehicle I.D. # 1HVBBAAM7XH240467 | License # 1847 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0584 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.15

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 27SP | Length of Route (miles per day) 45 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 53 |
| Vehicle I.D. # 1HVBBAAM8VH477319 | License # 1841 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0583 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Signature - Chair, Board of Trustees

Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 9BA | Length of Route (miles per day) 45.9 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBAAP1XH240572 | License # 1852 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0584 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Date

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Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 8BA | Length of Route (miles per day) 48 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # XORB4AAP95B975988 | License # 4172 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0584 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Combined School District Application
for Registration of School Bus &
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1 copy State Supt.
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|----------------------------|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 14bb | Length of Route (miles per day) 49.1 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HV5BAAP6TH288000 | License # 1840 | | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0583 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Date

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 3BA | Length of Route (miles per day) 51.8 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBAAP21H413944 | License # 9654 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0584 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 18HBD | Length of Route (miles per day) 51 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBNEP3LH275142 | License # 1818 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0583 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Signature - Chair, Board of Trustees

Date

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Date



Office of Public Instruction
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PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 1SA | Length of Route (miles per day) 52.2 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBAAP6WH612955 | License # 1845 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0584 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 5BA | Length of Route (miles per day) 54.2 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # XORBRAAP84B961452 | License # H164 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0584 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Date



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Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|----------------------------|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 8HA | Length of Route (miles per day) 55 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBAAP3XH240573 | | License # 1853 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0584 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 7BA | Length of Route (miles per day) 56.4 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # XXVLPHYM7HH485114 | License # C897 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0584 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 6BA | Length of Route (miles per day) 59 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBAAP82H542188 | License # 5188 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0584 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--------------------------------|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 26ss | Length of Route (miles per day) 62 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 41 |
| Vehicle I.D. # 8131 | License # H927 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| | | Contractor Owned Conley Transportation Inc | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0584 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|---|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

**Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006**

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 2BA | Length of Route (miles per day) 69 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBAAP02H542184 | License # 5184 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0584 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Signature - Chair, Board of Trustees

Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 3HA | Length of Route (miles per day) 76.3 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBAAP22H542185 | License # 5185 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0584 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

**Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006**

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 25SS | Length of Route (miles per day) 80 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBAAP8XH240570 | License # 1850 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0584 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Date

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Date



Office of Public Instruction
Linda McCulloch, Superintendent
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Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|---|----------------------------|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 1HA | Length of Route (miles per day) 133 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # XORBUAAP75B975987 | | License # 4171 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0584 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Date



Office of Public Instruction
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Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|---|--|--|---|
| County Name Missoula | | County Number 32 | District Name Missoula Co Public Schls | Legal Entity Number 0583 0584 |
| Route # 2HA | Length of Route (miles per day) 136.6 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # XORBRAAP14B961454 | License # H166 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0584 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Signature - Chair, Board of Trustees

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Office of Public Instruction
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Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.36

| | | | | |
|--|--|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Hellgate Elementary | Legal Entity Number 0586 |
| Route # 10 | Length of Route (miles per day) 68 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 66 |
| Vehicle I.D. # 1GDL7T1P4RJ518430 | | License # C621 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| | | | Contractor Owned Hellgate Transportation | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0586 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Signature - Chair, Board of Trustees

Date

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Date



Office of Public Instruction
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Combined School District Application
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.36

| | | | | |
|---|--|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Hellgate Elementary | Legal Entity Number 0586 |
| Route # 2 | Length of Route (miles per day) 49 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 65 |
| Vehicle I.D. # 1GDL7T1P4TJ515888 | License # 1511 | | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned Hellgate Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0586 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|---|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Hellgate Elementary | Legal Entity Number 0586 |
| Route # 9 | Length of Route (miles per day) 37 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1GDL7T1B1YJ525791 | | License # H108 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| | | <input checked="" type="checkbox"/> Contractor Owned Hellgate Transportation | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0586 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

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Date

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Date



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Helena, MT 59620-2501

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for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Hellgate Elementary | Legal Entity Number 0586 |
| Route # 15b | Length of Route (miles per day) 37 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 1GBL7T1D4YJ504122 | License # 9595 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| | | Contractor Owned Hellgate Transportation | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0586 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

**Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006**

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|---|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Hellgate Elementary | Legal Entity Number 0586 |
| Route # 1 | Length of Route (miles per day) 36 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1GDL7T1B6YJ525933 | | License # H105 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| | | Contractor Owned Hellgate Transportation | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0586 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Date



Office of Public Instruction
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PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.36

| | | | | |
|--|--|---|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Hellgate Elementary | Legal Entity Number 0586 |
| Route # 12 | Length of Route (miles per day) 33 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 65 |
| Vehicle I.D. # 1GDL7T1P5TJ515589 | | License # 1512 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| | | Contractor Owned Hellgate Transportation | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0586 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Date



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Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Hellgate Elementary | Legal Entity Number 0586 |
| Route # 11 | Length of Route (miles per day) 27 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1GDJ6P1P4MV500500 | | License # C623 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| | | | Contractor Owned Hellgate Transportation | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0586 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|---|--|--|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Hellgate Elementary | Legal Entity Number 0586 |
| Route # 8a | Length of Route (miles per day) 22 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 1GBL7T1D2YJ504314 | License # 9600 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Hellgate Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0586 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Hellgate Elementary | Legal Entity Number 0586 |
| Route # 8b | Length of Route (miles per day) 22 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 1GBL7T1D2YJ504314 | License # 9600 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| | | Contractor Owned Hellgate Transportation | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0586 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|---|--|--|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Hellgate Elementary | Legal Entity Number 0586 |
| Route # 7a | Length of Route (miles per day) 20 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1GDL7T1P4SJ501875 | License # 9599 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Hellgate Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
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| PASSENGER INFORMATION | | | |
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| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Hellgate Elementary | Legal Entity Number 0586 |
| Route # 7b | Length of Route (miles per day) 20 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1GDL7T1P4SJ501875 | License # 9599 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| | | Contractor Owned Hellgate Transportation | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0586 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Helena, MT 59620-2501

Combined School District Application
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State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Hellgate Elementary | Legal Entity Number 0586 |
| Route # 6a | Length of Route (miles per day) 21 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 1GBL7T1D8YJ504026 | License # 9598 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| | | Contractor Owned Hellgate Transportation | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0586 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|---|--|--|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Hellgate Elementary | Legal Entity Number 0586 |
| Route # 6b | Length of Route (miles per day) 21 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 1GBL7T1D8YJ504026 | License # 9598 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
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| | | | |
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| Legal Entity 0586 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Combined School District Application
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State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.36

| | | | | |
|--|--|--|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Hellgate Elementary | Legal Entity Number 0586 |
| Route # 3a | Length of Route (miles per day) 13 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 65 |
| Vehicle I.D. # 1GDL7T1P7TJ515643 | License # 2085 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| | | Contractor Owned Hellgate Transportation | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0586 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
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| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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All Routes

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October 1

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October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Hellgate Elementary | Legal Entity Number 0586 |
| Route # 4b | Length of Route (miles per day) 18 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1GDL7T1B1YJ525905 | License # H106 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| | | Contractor Owned Hellgate Transportation | | |

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| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0586 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
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| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
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| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
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| TOTAL ELIGIBLE RIDERS | | | |
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October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Hellgate Elementary | Legal Entity Number 0586 |
| Route # 5b | Length of Route (miles per day) 18 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1GDL7T1P8SJ502026 | License # 9597 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| | | Contractor Owned Hellgate Transportation | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0586 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Hellgate Elementary | Legal Entity Number 0586 |
| Route # 5a | Length of Route (miles per day) 17 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1GDL7T1P8SJ502026 | License # 9597 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| | | Contractor Owned Hellgate Transportation | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0586 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Signature - Chair, Board of Trustees

Date

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Date



Office of Public Instruction
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PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.36

| | | | | |
|--|--|--|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Hellgate Elementary | Legal Entity Number 0586 |
| Route # 3b | Length of Route (miles per day) 17 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 65 |
| Vehicle I.D. # 1GDL7T1P7TJ515643 | License # 2085 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| | | Contractor Owned Hellgate Transportation | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0586 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Signature - Chair, Board of Trustees

Date

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Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|---|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Hellgate Elementary | Legal Entity Number 0586 |
| Route # 16 | Length of Route (miles per day) 10.4 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # IGDJ6P1P1MV500499 | | License # 9593 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| | | Contractor Owned Hellgate Transportation | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0586 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|---|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Date

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Date



Office of Public Instruction
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Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|---|--|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Hellgate Elementary | Legal Entity Number 0586 |
| Route # 13 | Length of Route (miles per day) 13 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1GDL7T1P0PJ650081 | License # 9596 | | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned Hellgate Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0586 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
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School Year 2005 - 2006

1 copy State Supt.
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Hellgate Elementary | Legal Entity Number 0586 |
| Route # 4a | Length of Route (miles per day) 13 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1GDL7T1B1YJ525905 | License # H106 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned <input checked="" type="checkbox"/> Hellgate Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0586 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Date



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Combined School District Application
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State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|---|--|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Hellgate Elementary | Legal Entity Number 0586 |
| Route # 15a | Length of Route (miles per day) 15 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 1GBL7T1D4YJ504122 | License # 9595 | | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned Hellgate Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0586 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|---|--|--|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Hellgate Elementary | Legal Entity Number 0586 |
| Route # 14a | Length of Route (miles per day) 10 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1GDL7T1BOYJ525586 | License # H107 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Hellgate Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0586 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|---|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Hellgate Elementary | Legal Entity Number 0586 |
| Route # 14b | Length of Route (miles per day) 10 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1GDL7T1BOYJ525586 | License # H107 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| | | Contractor Owned Hellgate Transportation | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0586 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.36

| | | | | |
|---|---|--|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Lolo Elementary | Legal Entity Number 0588 |
| Route # 1-A | Length of Route (miles per day) 6.2 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 66 |
| Vehicle I.D. # 1BAAEC SH4WF077500 | License # 654 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0588 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.36

| | | | | |
|---|---|--|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Lolo Elementary | Legal Entity Number 0588 |
| Route # 1-B | Length of Route (miles per day) 4.9 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 66 |
| Vehicle I.D. # 1BAAEC SH4WF077500 | License # 654 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0588 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

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Signature - Chair, Board of Trustees

Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.36

| | | | | |
|---|--|--|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Lolo Elementary | Legal Entity Number 0588 |
| Route # 3-B | Length of Route (miles per day) 19 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 66 |
| Vehicle I.D. # 1BAAEC SH4WF077500 | License # 654 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0588 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Signature - Chair, Board of Trustees

Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.36

| | | | | |
|--|--|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Lolo Elementary | Legal Entity Number 0588 |
| Route # 2 | Length of Route (miles per day) 25 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 66 |
| Vehicle I.D. # 1BAAECSH4WF077500 | | License # 654 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0588 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

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Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.36

| | | | | |
|---|--|--|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Lolo Elementary | Legal Entity Number 0588 |
| Route # 3-A | Length of Route (miles per day) 26.8 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 66 |
| Vehicle I.D. # 1BAAEC SH4WF077500 | License # 654 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0588 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

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Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.36

| | | | | |
|---|--|--|---|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Potomac Elementary | Legal Entity Number 0589 |
| Route # 2 | Length of Route (miles per day) 30 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 65 |
| Vehicle I.D. # 1HVBBABP9SH598185 | License # AU94 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Majestic Travels Inc. | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0589 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.36

| | | | | |
|---|--|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Potomac Elementary | Legal Entity Number 0589 |
| Route # 1 | Length of Route (miles per day) 54 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 65 |
| Vehicle I.D. # 1HVBBABP7SH598184 | | License # AU96 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned Majestic Travels Inc. | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0589 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Bonner Elementary | Legal Entity Number 0590 |
| Route # 9 | Length of Route (miles per day) 18.6 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 7250 | License # L181 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Majestic Travels Inc. | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0590 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

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Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--------------------------------|--|---|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Bonner Elementary | Legal Entity Number 0590 |
| Route # 7A | Length of Route (miles per day) 16.7 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 7250 | License # L181 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner Contractor Owned <input type="checkbox"/> Contracted rate per mile _____ Majestic Travels Inc. | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0590 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

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Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

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Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|---|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Bonner Elementary | Legal Entity Number 0590 |
| Route # 14 | Length of Route (miles per day) 5.7 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 10 |
| Vehicle I.D. # 2GDHG31J1M4518114 | | License # T518 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| | | | Contractor Owned Majestic Travels Inc. | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0590 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|---|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

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Date

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Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|---|---|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Bonner Elementary | Legal Entity Number 0590 |
| Route # 15 | Length of Route (miles per day) 5.7 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 10 |
| Vehicle I.D. # 2GDHG31J1M4518114 | | License # T518 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned Majestic Travels Inc. | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0590 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Date



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Combined School District Application
for Registration of School Bus &
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School Year 2005 - 2006

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|---|---|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Bonner Elementary | Legal Entity Number 0590 |
| Route # 6 | Length of Route (miles per day) 3.2 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1GDL6P1FXMY501764 | | License # BQ2 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned Majestic Travels Inc. | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0590 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Date

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Date



Office of Public Instruction
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|---|---|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Bonner Elementary | Legal Entity Number 0590 |
| Route # 4 | Length of Route (miles per day) 3.2 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 1GDL6P1F3JV517266 | | License # L204 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned Majestic Travels Inc. | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0590 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|---|---|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Bonner Elementary | Legal Entity Number 0590 |
| Route # 2 | Length of Route (miles per day) 3.7 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1GDL6P1F1MV501846 | | License # T86 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| | | Contractor Owned Majestic Travels Inc. | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0590 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--------------------------------|---|---|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Bonner Elementary | Legal Entity Number 0590 |
| Route # 12 | Length of Route (miles per day) 3.8 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 7247 | License # L209 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner Contractor Owned <input type="checkbox"/> Contracted rate per mile _____ Majestic Travels Inc. | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0590 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|---|---|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Bonner Elementary | Legal Entity Number 0590 |
| Route # 11 | Length of Route (miles per day) 6.5 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 1GDL6P1F3JV517266 | | License # L204 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned Majestic Travels Inc. | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0590 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|---|---|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Bonner Elementary | Legal Entity Number 0590 |
| Route # 5 | Length of Route (miles per day) 7.2 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1GDL6P1FXMY501764 | | License # BQ2 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned Majestic Travels Inc. | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0590 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Signature - Chair, Board of Trustees

Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

**Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006**

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|---|---|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Bonner Elementary | Legal Entity Number 0590 |
| Route # 10 | Length of Route (miles per day) 8.8 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1GDL6P1FXMY501764 | | License # BQ2 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned Majestic Travels Inc. | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0590 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Date

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Date



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Combined School District Application
for Registration of School Bus &
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School Year 2005 - 2006

1 copy State Supt.
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|---|---|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Bonner Elementary | Legal Entity Number 0590 |
| Route # 8 | Length of Route (miles per day) 9.1 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1GDL6P1F1MV501846 | | License # T86 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned Majestic Travels Inc. | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0590 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|---|--|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Bonner Elementary | Legal Entity Number 0590 |
| Route # 3 | Length of Route (miles per day) 10 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 1GDL6P1F3JV517266 | | License # L204 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned Majestic Travels Inc. | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0590 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|---|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|---|--|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Bonner Elementary | Legal Entity Number 0590 |
| Route # 1 | Length of Route (miles per day) 10.7 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1GDL6P1F1MV501846 | | License # T86 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned Majestic Travels Inc. | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0590 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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Signature - Chair, Board of Trustees

Date

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Date



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Helena, MT 59620-2501

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for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.36

| | | | | |
|---|--|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Bonner Elementary | Legal Entity Number 0590 |
| Route # 7 | Length of Route (miles per day) 16.7 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 66 |
| Vehicle I.D. # 1GDJ6P1F6GV520078 | | License # L206 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned Majestic Travels Inc. | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0590 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Date

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Date



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Helena, MT 59620-2501

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for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|---|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Woodman Elementary | Legal Entity Number 0591 |
| Route # 1 | Length of Route (miles per day) 128 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # XORBRAAP34B961455 | | License # H167 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0591 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

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Signature - Chair, Board of Trustees

Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
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PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name DeSmet Elementary | Legal Entity Number 0592 |
| Route # 1 | Length of Route (miles per day) 68.8 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # ADRBUAAP358975985 | | License # 4169 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| | | | Contractor Owned Beach Transportation | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0592 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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Date



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Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name DeSmet Elementary | Legal Entity Number 0592 |
| Route # 2 | Length of Route (miles per day) 25 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # X4DRBUAAP95897998 | License # 1838 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0592 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Target Range Elementary | Legal Entity Number 0593 |
| Route # 1t-56 | Length of Route (miles per day) 56 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBAAP1XH240569 | License # 1849 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0593 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Target Range Elementary | Legal Entity Number 0593 |
| Route # 2t-50A | Length of Route (miles per day) 52 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBAAPXXH240568 | License # 1848 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0593 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Target Range Elementary | Legal Entity Number 0593 |
| Route # 3T50A | Length of Route (miles per day) 52 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 5989 | License # 4173 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0593 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Target Range Elementary | Legal Entity Number 0593 |
| Route # 55 | Length of Route (miles per day) 55 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBAAPXXH240568 | | License # 1848 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0593 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Date



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To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Target Range Elementary | Legal Entity Number 0593 |
| Route # 1T-56A | Length of Route (miles per day) 53 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 1HVBBAAP1XH240569 | License # 1849 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Beach Transportation | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0593 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--------------------------------|--|---|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Clinton Elementary | Legal Entity Number 0595 |
| Route # 3 KEN/BOB | Length of Route (miles per day) 52 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 1982 | License # C272 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner Roy Handley <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0595 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--------------------------------|--|---|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Clinton Elementary | Legal Entity Number 0595 |
| Route # 1 DAN/ERICA | Length of Route (miles per day) 59.2 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 3917 | License # C271 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner Roy Handley <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0595 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--------------------------------|--|--|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Clinton Elementary | Legal Entity Number 0595 |
| Route # 2 BETTY | Length of Route (miles per day) 27.6 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 5457 | License # C276 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner Contractor Owned Roy Handley <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0595 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--------------------------------|--|--|---|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Swan Valley Elementary | Legal Entity Number 0596 |
| Route # NORTH | Length of Route (miles per day) 58 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # 2379 | License # H929 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| | | Contractor Owned Conley Transportation Inc | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0596 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.15

| | | | | |
|---|--|--|---|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Swan Valley Elementary | Legal Entity Number 0596 |
| Route # SOUTH | Length of Route (miles per day) 56 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 59 |
| Vehicle I.D. # 1069 | License # H928 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Conley Transportation Inc | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0596 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

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School Year 2005 - 2006

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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|---|--|--|---|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Seeley Lake Elementary | Legal Entity Number 0597 |
| Route # I | Length of Route (miles per day) 58.8 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # XXXXXXXXXXXXX2274 | License # C311 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Diane's Buses | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| Legal Entity | Legal Entity | Legal Entity | Legal Entity |
|--------------|--------------|--------------|--------------|
| 0597 | | | |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|---|--|--|---|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Seeley Lake Elementary | Legal Entity Number 0597 |
| Route # III | Length of Route (miles per day) 47.6 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # XXXXXXXXXXXXX5133 | License # C309 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Diane's Buses | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0597 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|---|--|--|---|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Seeley Lake Elementary | Legal Entity Number 0597 |
| Route # II | Length of Route (miles per day) 21.8 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 71 |
| Vehicle I.D. # XXXXXXXXXXXXX5133 | License # C309 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |
| <input type="checkbox"/> Contractor Owned Diane's Buses | | | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0597 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|---|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|---|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Frenchtown K-12 Schools | Legal Entity Number 0599 |
| Route # SE17 | Length of Route (miles per day) 19.4 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 30 |
| Vehicle I.D. # 1FDXE45FX2HA28036 | License # 613 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0599 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|--|--|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Frenchtown K-12 Schools | Legal Entity Number 0599 |
| Route # 9 | Length of Route (miles per day) 18.6 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 1BAANCSA2WF077661 | | License # 1006 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0599 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
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To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|---|--|--|---|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Frenchtown K-12 Schools | Legal Entity Number 0599 |
| Route # SE21 | Length of Route (miles per day) 11 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 16 |
| Vehicle I.D. # 1FDXE45FSHA73877 | License # 1124 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0599 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
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All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|---|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Frenchtown K-12 Schools | Legal Entity Number 0599 |
| Route # SE18A | Length of Route (miles per day) 13 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 30 |
| Vehicle I.D. # 1FDXE45FX2HA28036 | License # 613 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0599 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|--|---|--|---|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Frenchtown K-12 Schools | Legal Entity Number 0599 |
| Route # 14A | Length of Route (miles per day) 1.4 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 83 |
| Vehicle I.D. # 4DRBVAARX5A975003 | License # 540 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0599 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Date



Office of Public Instruction
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PO Box 202501
Helena, MT 59620-2501

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State Reimbursement
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|---|---|--|---|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Frenchtown K-12 Schools | Legal Entity Number 0599 |
| Route # SE16A | Length of Route (miles per day) 2.2 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 16 |
| Vehicle I.D. # 1FDXE45FSHA73877 | License # 1124 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0599 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Date



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Combined School District Application
for Registration of School Bus &
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School Year 2005 - 2006

1 copy State Supt.
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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|---|--|---|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Frenchtown K-12 Schools | Legal Entity Number 0599 |
| Route # SE20 | Length of Route (miles per day) 3.1 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 30 |
| Vehicle I.D. # 1FDXE45FX2HA28036 | License # 613 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0599 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Helena, MT 59620-2501

Combined School District Application
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State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|--|---|--|---|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Frenchtown K-12 Schools | Legal Entity Number 0599 |
| Route # 3A | Length of Route (miles per day) 7.6 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 1BAANCST4TF070168 | License # 869 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0599 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Helena, MT 59620-2501

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School Year 2005 - 2006

1 copy State Supt.
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Due Dates:
All Routes

To County Supt
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To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|--|--|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Frenchtown K-12 Schools | Legal Entity Number 0599 |
| Route # 8 | Length of Route (miles per day) 27.6 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 1BAANC9H9FR059076 | | License # 766 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0599 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
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Rate Per Mile
\$1.80

| | | | | |
|--|--|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Frenchtown K-12 Schools | Legal Entity Number 0599 |
| Route # 12 | Length of Route (miles per day) 25.8 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 83 |
| Vehicle I.D. # 4DRBVAAR85A975002 | | License # 409 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0599 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
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| 2nd Wheelchair (WC) | | | |
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To OPI
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Rate Per Mile
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| | | | | |
|---|--|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Frenchtown K-12 Schools | Legal Entity Number 0599 |
| Route # SE 16 | Length of Route (miles per day) 26.1 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 16 |
| Vehicle I.D. # 1FDXE45FSHA73877 | | License # 1124 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0599 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|--|---|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Frenchtown K-12 Schools | Legal Entity Number 0599 |
| Route # 10A | Length of Route (miles per day) 30 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 1BAAHCPH63F207000 | License # 494 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0599 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Date

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Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|--|--|--|---|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Frenchtown K-12 Schools | Legal Entity Number 0599 |
| Route # 19 | Length of Route (miles per day) 30 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 1BAANCSH1RF059994 | License # 795 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0599 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|---|--|--|---|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Frenchtown K-12 Schools | Legal Entity Number 0599 |
| Route # 19A | Length of Route (miles per day) 30 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 1BAANC SHBRF059991 | License # 560 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0599 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Date



Office of Public Instruction
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Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|--|--|--|---|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Frenchtown K-12 Schools | Legal Entity Number 0599 |
| Route # Kindy 4 | Length of Route (miles per day) 30.3 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 83 |
| Vehicle I.D. # 1BABNC0H24F215717 | License # 1327 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0599 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|---|--|--|---|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Frenchtown K-12 Schools | Legal Entity Number 0599 |
| Route # Kindy 4A | Length of Route (miles per day) 30.3 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 1BAANC SHBRF059991 | License # 560 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0599 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Date

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School Year 2005 - 2006

1 copy State Supt.
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|--|--|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Frenchtown K-12 Schools | Legal Entity Number 0599 |
| Route # 6 | Length of Route (miles per day) 32.2 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 1BAANCST1VF073726 | | License # 963 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0599 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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Date

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Date



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Helena, MT 59620-2501

Combined School District Application
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

| | | | | |
|--|--|--|---|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Frenchtown K-12 Schools | Legal Entity Number 0599 |
| Route # SE18 | Length of Route (miles per day) 28.5 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 30 |
| Vehicle I.D. # 1FDXE45FX2HA28036 | License # 613 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0599 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
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| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

| | | | | |
|--|--|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Frenchtown K-12 Schools | Legal Entity Number 0599 |
| Route # 10 | Length of Route (miles per day) 28.6 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 72 |
| Vehicle I.D. # 1BAAHCPH63F207000 | | License # 494 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0599 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|--|--|--|---|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Frenchtown K-12 Schools | Legal Entity Number 0599 |
| Route # Kindy 1 | Length of Route (miles per day) 36.7 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 1BAANCPA84F212907 | License # 1244 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0599 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|--|--|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Frenchtown K-12 Schools | Legal Entity Number 0599 |
| Route # 7 | Length of Route (miles per day) 40.6 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 1BAANCPH32F204109 | | License # 1190 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0599 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

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Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|--|--|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Frenchtown K-12 Schools | Legal Entity Number 0599 |
| Route # 3 | Length of Route (miles per day) 38.4 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 1BAANCSH4TF070168 | | License # 869 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0599 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|--|--|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Frenchtown K-12 Schools | Legal Entity Number 0599 |
| Route # 11 | Length of Route (miles per day) 38.6 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 83 |
| Vehicle I.D. # 1BABNC0H04F215716 | | License # 612 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0599 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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Signature - Chair, Board of Trustees

Date

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Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|--|--|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Frenchtown K-12 Schools | Legal Entity Number 0599 |
| Route # 1 | Length of Route (miles per day) 46.4 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 83 |
| Vehicle I.D. # 1BABNC0H04F215716 | | License # 612 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0599 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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Date

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Date



Office of Public Instruction
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Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|--|--|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Frenchtown K-12 Schools | Legal Entity Number 0599 |
| Route # 2 | Length of Route (miles per day) 62 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 1BAANCPH73F206995 | | License # 387 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0599 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
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| TOTAL RIDERS | | | |

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We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

**Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006**

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|--|--|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Frenchtown K-12 Schools | Legal Entity Number 0599 |
| Route # 4 | Length of Route (miles per day) 64.4 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 1BAANCPA84F212907 | | License # 1244 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0599 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

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Signature - Chair, Board of Trustees

Date

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Date



Office of Public Instruction
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Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2005 - 2006

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|--|--|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Frenchtown K-12 Schools | Legal Entity Number 0599 |
| Route # 14 | Length of Route (miles per day) 81 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 83 |
| Vehicle I.D. # 4DRBVAAR85A975002 | | License # 409 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0599 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
| TOTAL RIDERS | | | |

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|--|--|--|---|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Frenchtown K-12 Schools | Legal Entity Number 0599 |
| Route # 13 | Length of Route (miles per day) 51.6 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 1BAANCPHXVF091638 | License # 1061 | <input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0599 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) | | | |
| Nonpublic School Riders (ineligible) | | | |
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Due Dates:
All Routes

To County Supt
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To OPI
October 15

Rate Per Mile
\$1.80

| | | | | |
|--|--|----------------------------|--|------------------------------------|
| County Name Missoula | | County Number 32 | District Name Frenchtown K-12 Schools | Legal Entity Number 0599 |
| Route # 5 | Length of Route (miles per day) 50.8 | | Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage | Rated Capacity 84 |
| Vehicle I.D. # 1BAANCPH91F097999 | | License # 1120 | <input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____ | |

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

| | | | |
|----------------------|--------------|--------------|--------------|
| Legal Entity 0599 | Legal Entity | Legal Entity | Legal Entity |
| % 100.00 | % | % | % |

| PASSENGER INFORMATION | | | |
|--|------------------------------------|-------------------------------------|-----------------------|
| Number of Preschool/Kindergarten pupils riding this route | ELEMENTARY RIDERS (Grades PK-8) | HIGH SCHOOL RIDERS (Grades 9-12) | TOTAL ELIGIBLE RIDERS |
| | a NUMBER | b NUMBER | c a + b |
| Regular (include eligible Preschool/Kindergarten riders) | | | |
| 1st Wheelchair (WC) | | | |
| 2nd Wheelchair (WC) | | | |
| Additional Wheelchairs (WC) | | | |
| Non-WC IEP Lists Trans as Related Service | | | |
| TOTAL ELIGIBLE RIDERS | | | |
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